

**Curriculum Committee
New Program Form**

**This form provides additional information required by the NWCCU for accreditation.**

**Signed copies must be submitted two weeks prior to** [**Curriculum Committee meetings**](http://www2.clackamas.edu/committees/cc/index.aspx?content=meetings)**.**

|  |  |
| --- | --- |
| **Program Presenter** | Click here to enter text. |
| **Program Department/Division** | Click here to enter text. |
| **Program Type** | Choose an item. |
| **Complete Program Title** | Click here to enter text. |
| **Credit Total** | Click here to enter text. |
| **Brief description of new program**Click here to enter text. |
| **Learning Outcomes***Upon successful completion of this program, students should be able to:*Click here to enter text. |
| **Similar to an existing program?**Click here to enter text. |
| **Curriculum Outline**Click here to enter text. |
| **Assessment Plan**Click here to enter text. |

|  |
| --- |
| **Related Instruction**[**Approved Course List**](https://www.clackamas.edu/Programs/RelatedInstructionRequirement.aspx) |
|  | **Course Number** | **Course Title** |
| Communication | Click here to enter text. | Click here to enter text. |
| Computation | Click here to enter text. | Click here to enter text. |
| Human Relations | Click here to enter text. | Click here to enter text. |
| PE/Health | Click here to enter text. | Click here to enter text. |
| Work Experience | Click here to enter text. | Click here to enter text. |
| New Courses | Click here to enter text. | Click here to enter text. |

**Financial Impact**

Projections (revenue and expenditures) for each of the first three years of operation at the program or department level, plus, one year prior to the change at the institutional level

Click here to enter text.

Revenue and expenditures associated with the change itself

Click here to enter text.

Institutional financial support to be reallocated to accommodate the change

Click here to enter text.

Budgetary and financial implications of the change for the entire institution

Click here to enter text.

Timetable for Implementation

Click here to enter text.

**Student Services**

Capacity of the student services to accommodate the change

Click here to enter text.

Implications of the change for services to the rest of the student body

Click here to enter text.

**Physical Facilities**

Provision for physical facilities and equipment

Click here to enter text.

**Faculty**

Analysis of the faculty and staff needed: Educational and professional experience qualifications of the faculty members relative to their individual teaching assignments

Click here to enter text.

Anticipated sources or plans to secure qualified faculty and staff

Click here to enter text.

|  |  |
| --- | --- |
|  | Dean Signature/Date |
|  | Department Chair Signature/Date |
|  | Faculty Expert Signature/Date (optional) |